DOCUMENT RESUME

ED 317 899 CG 022 413

AUTHOR Atwood, Joan D.
TITLE PMS Awareness.
PUB DATE 90
NOTE 15p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; Age Differences; Anger; Anxiety; *Depression (Psychology); Females; Interpersonal Relationship; *Menstruation; *Moods
IDENTIFIERS *Premenstrual Syndrome

ABSTRACT

This study was conducted to examine the incidence of premenstrual mood changes in a non-clinical population and to explore how women report that these mood changes affect their interpersonal relationships. Women (N=101) completed a questionnaire about their background and their physical and psychological responses to the premenstrual experience. Most of the respondents were between the ages of 31 and 40; most were married without children; most were either Catholic or Jewish; and most reported being white collar workers with almost one-half reporting some college education. Most respondents reported that they did not experience mood changes when they first began menstruating. The majority of women (78.4%) reported experiencing mood changes one week prior to menstruation. Of the women who reported premenstrual mood changes, over 68% reported feeling sad and depressed, 31.7% reported feeling anxious, and 18.8% reported feeling angry and edgy. Forty-five percent of the women specifically stated that their mood changes affected their interpersonal relationships. These mood changes appeared to increase over time, as women got older. (The discussion section examines how these premenstrual symptoms can function in a couple relationship and considers the implications for individuals, couples, and families.) (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED317899

PMS AWARENESS

Joan D. Atwood, Ph.D., C.S.W.

Hofstra University

CG022413

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Joan D. Atwood

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

1

The belief that women's moods fluctuate with the hormonal changes of the menstrual cycle has long been an accepted part of our cultural folklore about menstruation. The influence of the menstrual cycle on emotional state has also been extensively studied. The view that a large section of otherwise normal women experience several negative emotions (i.e. anger, depression, anxiety, etc.) premenstrually has been widely accepted (see Sutherland& Stewart, 1965; Clare, 1977; Blank et al, 1980; Reid, 1981).

Research indicates that the ovulatory phase of the menstrual cycle tends to bring feelings of self-satisfaction and of ability to cope well with life's stresses (Bardwick, 1971; Silbergeld, Brast, and Noble, 1971). Many women say that at this time, their moods range from pleasant (Moos et al., 1969) to elated (Altmann, Knowles, and Bull, 1941). Premenses and menses tend to bring irritibility, depression, anxiety, negativity, fatigue, or low self esteem to 30 to 65 percent of women (Smith, 1975). The most distressing changes believed to occur take place during the week before menstruation begins. Subsequent research has shown that premenstrual tension affects almost all women at some time, and some women always.

The purpose of this study was to examine the incidence of premenstrual mood changes in a non-clinical population and to explore how women report that these mood changes affect their interpersonal relationships. An examination of how these premenstrual symptoms can function in a couple relationship and the implications for individuals, couples, and families are then considered.

Clinical Observations:

During the course of couple marital counseling, the author noticed that, on a cyclical basis, a woman's acceptance and definition of her husbands' behavior would change from being relatively positive to relatively negative. Sensing that these definitional changes or negative perceptual shifts were cyclical, the women were asked to subjectively chart their moods each evening for a period of 24 weeks. Each evening an individual rated her general mood on a scale from 1(extremely negative) to 10 (extremely positive). After the data were collected, the women were asked to fill in when they were menstruating. Thus, during the course of the study, the women did not know that the study involved their menstrual cycle After

collecting charts from 20 different women, the author compared these mood charts with her own notes taken during therapy sessions. It was obvious that these negative perceptual shifts were cyclical, related to menstruation and that the mood changes were affecting the couple relationship. Based on these data, a second study, the present one, was performed on a non-clinical population in order to examine premenstrual mood changes and their affect on interpersonal relationships in the general population.

Procedure

A questionnaire was administered to 106 women volunteers asking general background questions and questions about their physical and psychological responses to the premenstrual experience. Several of the questions were open-ended so that the respondents were not aware that the main focus of the study was on premenstrual mood changes and their affect on interpersonal relationships. Anonymity and confidentiality was assured and co-operation was voluntary. One hundred and six women completed the questionnaires. The response rate represented 100% of the sample. Five respondents were discarded from the analysis because they were no longer having menstrual cycles. The resulting sample was composed of 101 women who were students in undergraduate psychology classes (both day and evening), graduate students in marriage and family counseling, graduate students in health counseling and females entering a family planning center.

Results

Most of the respondents were between the ages of 31 to 40 (30.7%). The majority of women were married(52.2%) without children (52%). Most women were Catholic(48.9%) and Jewish (38.4%). Most (56.1%) of the women reported that they were white collar workers with 48% of them reporting at least some college education.

Questions were asked about mood changes when the women first began menstruating.

Most women (69.4%) reported that they did not experience mood changes when they first began menstruating. Of those who did, the most commonly expressed feelings reported were sadness and depression (26.7%).

Next, women were asked about their present mood changes. In this case, the great majority of women (78.4%) reported that they experienced

mood changes one week prior to menstruation. Of the women who reported premenstrual mood changes, more than 68% reported feeling sad and depressed, 31.7% felt anxious, and 18.8% felt angry and edgy. Forty five per cent of the women specifically stated that their mood changes affected their interpersonal relationships. Following are some of their subjective responses:

A 24 year old woman stated,"I get very cranky, don't want to talk to anyone and if I do, I get nasty. I want to be by myself. I become real quiet and depressed, always thinking about the bad things people do to me. I always pick fights with my boyfriend." A 20 year old woman said, "I usually feel like the world is ending. The slightest problem becomes a major catastrophe. All feelings get stronger. I cry easier, get angrier faster and stay mad longer. Nothing is ever good enough. My boyfriend always gets on my nerves." One 50 year old woman replied, "I am very on edge and have a very anxious feeling in my chest. It's hard to sleep. I crave chocolate and potato chips. One or two days before my period I pick a fight with my husband." A 45 year old woman replied,"I feel tense and become angered easily. I become overly sensitive to my husband's words and actions." A 47 year old woman stated," I feel myself sinking lower and lower. Emotionally I feel my rubber band is being pulled to the breaking point. I also get an enormous craving for sweets. I snap at my husband for the slightest reason." A 33 year old replied, " During PMS I feel as if nothing at all goes right and that I want to scream and run away to someplace quiet all by myself. I don't seem to be able to cope with the little things: husband, kids fighting, traffic, etc." A 38 year old woman replied, " I become irritable, anxious, easily angered, easily upset, ready for a fight. My children quarrelling can cause me to scream and berate them." A 22 year old woman said," I always know when I'm getting my period because I crave brownies and I fight with my boyfriend. Every boyfriend I broke up with was always a week before my period." A 24 woman wrote,"In the middle of sentences, I'll break into a screaming tantrum if the slightest thing goes wrong - - yelling, picking fights, screaming at the top of my lungs, practically pulling out my hair. I can't cope with problems - - possessed is the best word. Anyway, it's okay because I only act this way in front of my husband." A 27 year old summed up her feelings, "I have resigned myself to the fact that I will probably always have mood changes (i.e. anti-social behavior, wanting

to be by myself) but can take comfort in the fact that PMS is not all in my head as I was sometimes accused. I hope that participation in this survey will help in discovering, if not a cure, a better understanding and provide a greater outlet for women who have to contend with this monthly."

HOW MOOD CHANGED OVER TIME

Because there were questions asked about past and present behavior on some variables, a percentage of change over time was calculated. With regard to mood changes, most women (51%) reported that their mood changes increased over time. Of the women who reported depression, 50% said that their depression stayed the same while 46% reported that their depression increased over time. Of the women who reported anger, 80% reported that their anger stayed the same over time. They were just as likely to report anger in the past as they were to report it in the present. Anxiety also appeared to stay the same for most (63%) women.

Freidman (1984) believes that age is a factor that appears to be related to premenstrual symptoms, since women over 30 are thought to have greater premenstrual problems. This finding was borne out in the present study. It appears that self-reported present mood changes varies over time for individuals. Although mood changes appeared to occur at all ages, there was a slight tendency for them to be more frequently reported as women get older. Eighty per cent of women 41 and over reported premenstrual mood changes compared with 66% of those who were 20 or under.

DISCUSSION

The major findings of this study were that many women (78.4%) in a non-clinical population reported mood changes during the week prior to menstruation. These mood changes appeared to increase over time, as women get older. These mood changes took the form of sadness/depression, anger, and anxiety. Many women report that the mood changes affected their relationships.

It appears that many women report that they have mood changes during the week prior to their period. And it appears that at least some

women direct these mood changes toward significant others in their environment. It is therefore important to examine how these mood changes can function in a couple relationship.

There is a concept of couples in collusion (Willi, 1984) whereby one partner's overfunctioning can determine the other partner's underfunctioning. Sometimes the woman who experiences the mood changes can be expressing the emotions for both herself and her partner. Although dreaded, the explosions can become an emotional purge for everyone involved. In a marriage, a woman's anger can often become an excuse for the man to let go of his. When the woman gains more control over her emotions and this dynamic changes, the couple is left without this outlet and must begin to develop new ways of releasing tension, both individually and together. Premenstrual mood changes and the marital arguments often associated with them could then serve as a release mechanism for both members of the dyad. In these situations, the mood changes function as a tension release mechanism for the individuals involved. In these cases, the woman needs to learn to be more in control of these emotions, the man needs to learn to be more aware of his anger. The couple then learns to develop new more constructive, less destructive methods of tension release.

Pre-menstrual mood changes can act as the third leg of a triangle existing with a life of its own. For example, expression of mood changes may be used as an excuse for not accepting responsibility for one's actions or not dealing with real issues. "I'm angry because I'm PMSing." In another sense, it can also be used to gain power. In a couple situation where there is unequal power distribution between the husband and wife, the woman can unbalance the power dispersion in the relationship by resorting to PMS. "I can be crazy because I'm premenstrual." She and PMS are then against him. The "crazier" she gets, the more he loses his ability to control the situation Here, the real issues are not necessarily for the woman to gain control over her emotions but rather for the couple create more balanced power dispersion in the relationship.

For the woman who is overinvolved and overfunctioning, premenstrual mood changes could serve to help her relinquish some of her responsibilities. It could serve as a time out from responsibilities and chores and, in so doing, function to involve her mate in some of the family tasks. She has premenstrual mood changes, now she must rest. An overtired

mother can be relieved of maternal obligations. Many women in the survey responded that they dealt with these changes by simply going to bed. Once again the real issues between the couple are not necessarily arranging time for her to rest when she is premenstrual but rather for the couple to reallocate individual ratios of family involvement, for her to relax and for him to become more involved in family life.

A premenstrual woman can also precipitate the expression of care, concern and competence in an otherwise disengaged relationship. In a situation where the husband is peripheral, when the wife is premenstrual, legitimate expressions of concern and caring can be facilitated. He can now feel involved and competent as a caretaker. In other cases of dependency situations where the woman is typically the dominant member, premenstrual symptoms can allow her to express dependency and also allow her mate to express dominance. In both situations, the woman's partner must learn to be competent in other areas and to express caring and concern in more constructive ways.

The premenstrual time frame could be experienced as a safe time when marital issues could be discussed, when "unreasonable" concerns are aired, and when anger is expressed with little guilt. Sometimes women do not want to give up the premenstrual mood changes in spite of the emotional pain they sometimes cause, indicating that there is a strong tendency to maintain the homeostasis of the family system. The premenstrual mood changes can function to help the couple to live with resolveable or unresolveable differences more easily by considering them to be only the effects of the wife's menses. In this situtation, the woman should aim to express these concerns at other times during the month. Here, it is important for the couple's to explore their belief system around the woman's right to feel angry, irritated, depressed, or dissatisfied, and to express those feelings. Couples need to work toward the expression of those feelings as legitimate at any time, not just premenstrually. It is important for them to look seriously at issues that come up premenstrually. Treat them as real issues, and see what can be done to resolve them. They need to explore the marital relationship, looking particularly for poor communication, unresolved conflict, and other on-going stress. If the marriage is particularly difficult, they should explore other sources of emotional support for the woman at least temporarily.

Premenstrual mood changes can serve to keep the woman more housebound or out of the job market. In these situations, it is important for the couple to look more directly at fears or concerns in those areas and to see how these behaviors are functioning in their relationship. Here the couple should examine ways to overcome the fears, or to acknowledge them directly so that the premenstrual mood changes have less functional significance.

Premenstrual mood changes can provide a seemingly acceptable, role-appropriate outlet for feelings of frustration, irritation, anger, or depression in a context which risks less in the relationship, since both believe that it is really the menstrual period and not they who are causing the feelings and the emotional displays. One of the husbands in the study reported that it was easier for him to deal with her feelings and not react angrily when she identified the feelings as period-related. He said that he could take them less personally somehow and feel less hurt.

Using premenstrual mood changes as a focus, the husband is potentially less likely to be blamed for the couple's problems. The premenstrual syndrome gives the couple a point of reference, a natural rallying point at which to enagage each other. If they can plan around the woman's menstrual cycle, they may cooperate in the wider spectrum of the relationship. This may open the way for handling other frustrations and conflict in the relationship. The free communication which results may make it possible to re-open negotiations where talking has been stalled or halted. In this way, the husband and other family members are assisted in anticipating and coping with any premenstrual mood change situations.

On the other hand, it is important to consider that attributing emotions and concerns to premenstrual mood changes can tend to trivialize them. Differences which might have been resolved had they been treated more seriously could be permitted to linger on because they were considered to be merely symptoms of "her" problem. This process may, in the long run, cause problems in the marriage which might otherwise have been avoided.

Men do not experience similiar types of mood changes as women do but when they are close to a woman who experiences these mood changes, they become involved in the dynamics of the changes. It is important to acknowledge the fact that men also have fluctuations in mood and behavior and see changes over the menstrual cycle as only one of the many biological

rhythms to which we as human beings respond. While men do not necessarily make the premenstrual mood changes happen, their own personality traits can contribute at times to the marital discord.

Sometimes to offer therapy to a woman for premenstrual mood changes is threatening to her because she may tend to believe that such an explanation suggests that she is fabricating her premenstrual complaints or that she is to blame for the marital problems. In therapy then there might be some investment to maintain the complaints in order to prove that they are real. Many husbands feel threatened because any suggestion that their wive's hormonal changes might be less important than, for example, the marital relationship, may signify an alteration of their role from being one of a sympathetic confidante encouraging their wives to rectify their abnormal reproductive system to being a potential causal agent. This, again, could disrupt the homeostasis of the system.

So, the effects of premenstrual mood changes on the husband are probably mixed. The husband gains some advantage from them for he is, by definition, permitted to ignore or possibly treat lightly the complaints which arise premenstrually. The notion that his wife is a changeable person who is not in control of her emotions can reinforce his position as the superior, more capable person in the marriage. On the other hand, he must tolerate her premenstrual complaints and aggression with relatively little protest. To ask her to control it would be to violate their mutual collaborative assumption that she is controlled by her biology.

Females are affected directly psychologically and physically. Children and other family members are not immune to the consequences of premenstrual mood changes as they impact on the family structure. Family members intuitively sense something is wrong, even when the problem is unrecognized or unnamed. Premenstrual mood changes can influence family dynamcis, forcing spouses and children to learn to cope with the imbalance in the family. Often they are unaware of how they are changing their behavior or repressing their true feelings. Frequently they deny that a problem exists. There is an air of mystery and vagueness which can lead other family members to assume that they are the cause of the problem. When premenstrual mood changes are present, a similar scenario of problems and excuses presents itself, creating a confusing situation for children. Inconsistent behavior often confuses a premenstrual mood change

sufferer's family, making it difficult for them to identify the source of the problem.

Children are particularly vulnerable and confused by the inconsistency a woman with premenstrual mood changes typically exhibits. Children often blame themselves and make excuses for their mother's inappropriate behavior. Children might assume responsibility for their mother's behavior, asking "What did I do to make Mommy so angry?." Children may sense the marital tension during the premenstrual phase and in order to help their parents avoid an argument may refocus the tension in the system by acting out in some way. Children do not know what is okay and what is not okay during this time period. One day they may spill their juice and mother helps them clean it up. The next day they may do the same thing and she yells at them. Confusion in children is also compounded by the woman's tendency to overcompensate for her actions when she is premenstrual. Residual guilt about losing her temper or withdrawing from her children at one time of the month prompts her at another time to be overly giving with her love and affection. Children receive mixed messages that are often difficult for them to interpret. In counseling, mothers can explain to their children, "Sometimes I become irritable and angry." Depending on a child's age, a mother can explain that certain hormones in her body are affecting how she feels. She can then specify to the children how they may help her during this time.

It is not a good idea then to have mothers force conversations about premenstrual symptoms with children. The mother can tell her children about it and then give them time to think about it. They will probably come back with questions a few days or a week later. It is important for children to have an active role in helping their mother when she is premenstrual. They should know that at certain times of the month, they need to be quiet, to behave. Rather than being passive recipients of their mother's mood fluctuations, children who are old enough can help with younger siblings and household chores. In this way children feel like they are part of the solution.

In addition to family considerations, there are other helpful guidelines:

1. Women should have a good physical and gynecological examination in order to rule out physical pathology. In the great majority of cases, physical signs will probably be within the normal limits.

2. Women should chart symptoms by keeping daily mood charts. This can serve two purposes. It can define the extent of the premenstrual mood changes and it can diminish the belief in the exclusively premenstrual nature of some of the symptoms. Keep an explicit, predictive calendar, and during premenstrual days actively search for more positive ways to deal with the intensified feelings. Identify tension releasing activities. In other words, plan more exercise, get baby sitters so you can tackle projects without interuptions. Recognize and cultivate any positive changes, and act on increased sexual feelings. Perhaps you could include some relaxation or meditation training to be used especially on premenstrual days whether needed or not.

3. Eat frequently (small meals per day) and properly. Reduce fats, reduce caffeine, increase complex carbohydrates, avoid sugar and cut down on salt. Add bran to your diet. Some women report constipation prior to and during menstruation. Be careful with alcohol and other mood altering drugs. The negative symptoms experienced are likely to be intensified during the premenstrual period.

4. For some women, vitamin supplements (the B vitamins, especially B6) reduces the bloating and acts as an anti-depressant.

5. Reduce stress. Purchase a relaxation tape and set aside a quiet time each day. Pace your workload. Get more sleep during the premenstrual time period. It can offset the premenstrual effects.

6. Give permission to yourself to take care of yourself during this time period. Be gentle with yourself.

In discussing the psychological aspects of the premenstrual syndrome, Dalton (1964) reported that the irritability can take an irrational form and then is usually accompanied by little insight at the time. This aspect of the syndrome yields an agitated, jittery, intolerant, impatient, spiteful, and bad-tempered subject. The premenstrual woman "wakes up in the morning at war with everyone." In these cases the severity of the symptoms requires more intense interventions.

The findings of this study generally support the existing research in identifying a variety of physical and psychological changes experienced by women premenstrually. The severity of the symptoms, the inability to cope with them and their resultant effects on family dynamics respond to various degrees of medical and psychological interventions with various degrees of

success. Hormonal treatment, wholistic approaches such as exercise, relaxation techniques, and dietary changes are also among the available and acceptable treatment protocals. Optimal success for control of the mood changes occurring premenstrually probably lies in some combination of these options determined on a case by case basis. As the present study indicated, mood changes occuring premenstrually appear to be mostly a part of normal female life cycle events and it is important to be careful about treating normal female life cycle events such as menstruation, menopause, and childbirth as pathology, disease, and illness.

References

Altmann, M., Knowles, E. and Bull, H.D. (1941). A psychosomatic study of the sex cycle. Psychosomatic Medicine, 3:199-225.

Backstrom, T Sanders, D., Leash, R., (1983) Mood, sexuality, hormones, and the menstrual cycle II. Hormone levels and their relationship to the premenstrual syndrome. Psychosomatic Medicine. 45:503-506.

Bardwick, J.M. (1971). Psychology of Women. New York. Harper & Row.

Blank, A.M., Goldstein, S.E., Chatterjee, N. (1980). Premenstrual Tension and mood changes Canadian Journal of Psychiatry. 25:577-585

Clare, A.W. (1977). A psychological profile of women complaining of premenstrual symptoms. Current Medical Research Opinion. 4. 23-28.

Dalton, K. (1964). The Premenstrual Syndrome. London. William Heineman.

Dalton, K. (1983). Once A Month. Hunter House: California.

Freidman, D. (1984). Premenstrual syndrome The Journal of Family Practice. 19:(5). 669-675.

Harrison, M. (1982). Self-Help for Premenstrual Syndrome. Random House. New York.

Moos, R.H. (1969). Typology of menstrual cycle symptoms. American Journal of Obstetrics and Gynecology. 103: 390-402

Moos, R.H., Kopell, B.S., Melges, F.T., Yalom, I.D., Lunde, D.T., Klayton, R.B. and Hamburg, D.A. (1969). Fluctuations in symptoms and moods during the menstrual cycle. Journal of Psychosomatic Research. 13:37-44.

Paige, K.E. (1976). Women learn to sing the menstrual blues. Psychology Today. 7:41-46.

Parlee, M.B (1976). Stereotypic beliefs about menstruation: a methodological note on the Moos Menstrual Distress Questionnaire and some new data. Psychosomatic Medicine. 36:431-434.

31

Reid, R.L. (1981). Premenstrual syndrome. American Journal of Obstetrics and Gynecology. 139,85-104.

Rubinow, D.R., Roy-Byrne, P.P. (1984). Premenstrual syndrome: overview from a methodologic perspective. American Journal of Psychiatry. 141: 161-172.

Rubinow, D.R., Ray-Byrne, P., Hoban, M.C. (1984a). Prospective assessment of menstrually related mood change disorders. American Journal of Psychiatry 141:684-686.

Rubinow, D.R., Ray-Byrne, P., Hoban, M.C. (1984b). Menstrually related mood disorders: Methodological and conceptual issues. In A. Philips, J.L. McGuire, (Eds.)Premenstrual tension and dysmenorrhea. (pp. 27-40). Baltimore: Williams and Wilkins.

Severino, S.K., Anderson, M., Hurt, S.W. and Williams, N.A. (1987). Premenstrual syndromes. An update. The Female Patient. 12:69-78.

Silbergeld, S., Brast, N., and Noble, E.P. (1971). The menstrual cycle: a double-bind study of symptoms, mood, and behavior, and biochemical variables using Enovid and placebo. Psychosomatic Medicine. 33: 411-428.

Smith, S.L. (1977). Mood and menstrual cycle. In E.J. Sachar (Eds.) Topics in Psychoendocrinology. New York: Grune & Stratton.

Steiner, M. and Carroll, B.J. (1977). The psychology of premenstrual dysphoria: Review of the theories and treatments. Psychoneuroendocrinology. 2:4, 321-335.

Southerland, H. and Steward, I. (1965). A critical analysis of the premenstrual syndrome. Lancet. 1:1180-1183.

Willi, J. (1984). Couples In Collusion. Jason Aronson. New York.